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CONFIRMATION NO. 6693

<b>SERIAL NUMBER</b> 09/376,604	<b>FILING DATE</b> 08/18/1999 <b>RULE</b>	<b>CLASS</b> XXX	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 107823.129
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### APPLICANTS

RAGUPATHY MADIYALAKAN, EDMONTON, CANADA;  
ANTOINE A. NOUJAIM, EDMONTON, CANADA;  
BIRGIT SCHULTES, LEXINGTON, MA;  
RICHARD BAUM, HARGESHEIM, GERMANY;

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SEP 17 2001

TECH CENTER 1600/2900

### \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF PCT/IB96/00461 05/15/1996  
AND A CIP OF 08/877,511 06/17/1997 PAT 6,086,873  
AND A CIP OF 09/094,598 06/15/1998 ABN  
AND A CIP OF 09/152,698 09/02/1998  
AND A CIP OF PCT/IB99/01114 06/15/1999

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

### IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/02/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 11	TOTAL CLAIMS 240	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

### ADDRESS

Nancy Chiu Ph D  
Hale and Dorr LLP  
60 State Street  
Boston, MA 02109

### TITLE

THERAPEUTIC COMPOSITIONS THAT ALTER THE IMMUNE RESPONSE

<b>FILING FEE RECEIVED</b> 7583	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>SERIAL NUMBER</b> 09/376,604	<b>FILING DATE</b> 08/18/1999 <b>RULE</b> -	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 107823.129
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**APPLICANTS**

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 RICHARD BAUM, HARGESHEIM, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CIP OF PCT/IB96/00461 05/15/1996 *printed*  
 WHICH IS A CIP OF 08/877,302 *not accessible*  
 THIS APPLICATION 09/376,604 08/18/1999  
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 AND A CIP OF 09/152,698 09/02/1998 *cm*  
 AND A CIP OF PCT/IB99/01114 06/15/1999 *printed*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 09/02/1999**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 240	<b>INDEPENDENT CLAIMS</b> 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>man</i>	Initials		

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 Hale and Dorr LLP  
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 Boston, MA 02109

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THERAPEUTIC COMPOSITIONS THAT ALTER THE IMMUNE RESPONSE

<b>FILING FEE RECEIVED</b> 5331	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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